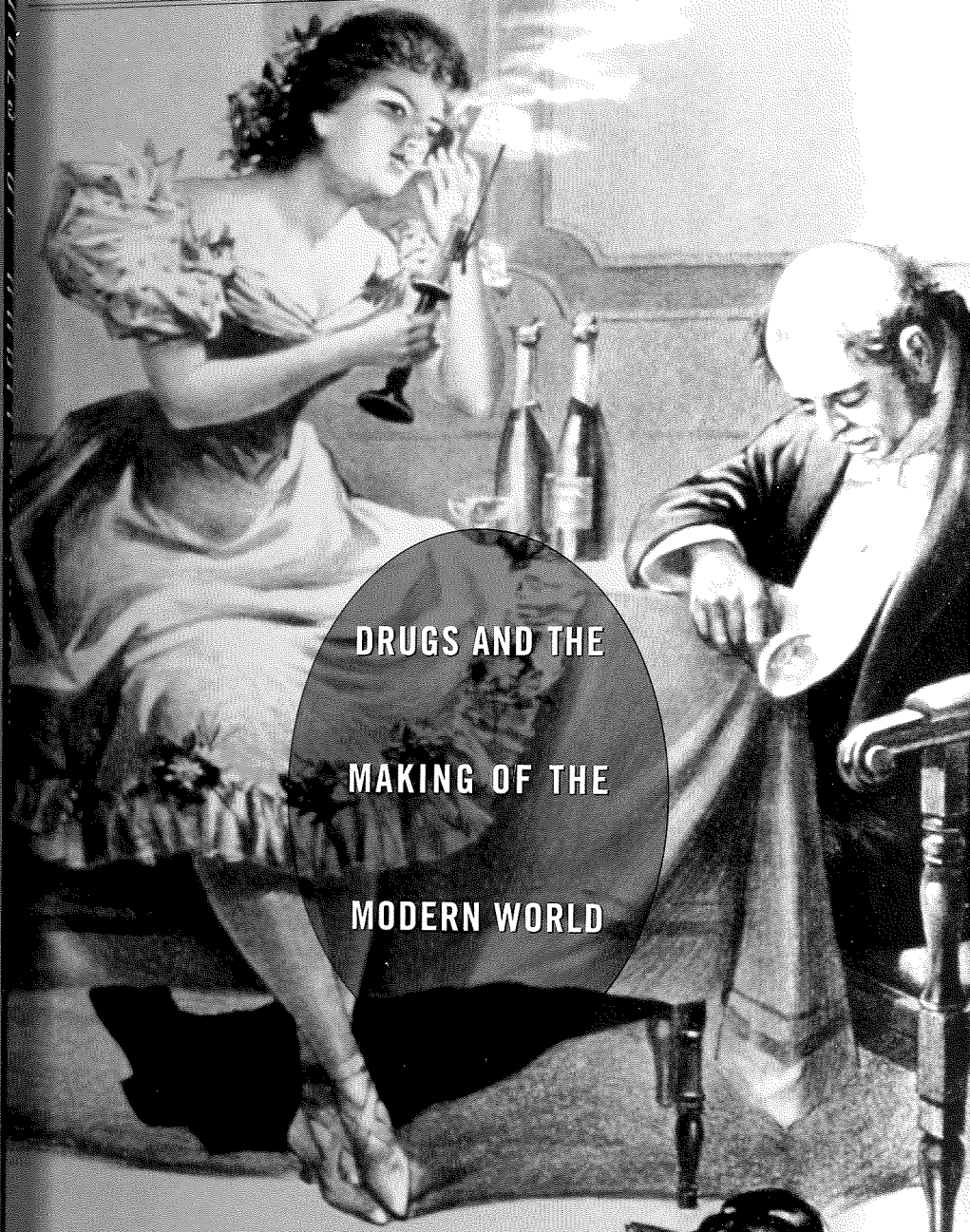


EXHIBIT Y

FORCES OF HABIT



DRUGS AND THE
MAKING OF THE
MODERN WORLD

DAVID T. COURTWRIGHT

Forces of Habit

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ESCAPE FROM COMMODITY HELL

IN 1997 GENERAL BARRY MCCAFFREY, the director of the Office of National Drug Control Policy, devoted a major speech to the drug problem in historical perspective. It was an unusual undertaking. U.S. drug czars are not, as a group, given to historical reflection on the subject. McCaffrey nevertheless captured the essence of the matter: "Illegal drugs are a byproduct of an industrial society that has led us to tamper—for better and for worse—with the body's inner environment."¹ *Legal* drugs, of course, are also by-products of the same process. The cigarette above all others is an industrial product, produced by mechanical means and consumed at a mechanical pace by smokers who have adjusted their habits to life in a mechanical age.

Cigarettes have several advantages as industrial products, among them addiction potential, tolerance, transient effect, social and sexual desirability, and weight control. They also have a significant disadvantage, one that they share with other mass-produced items. They are commodities, products interchangeable with those made by competitors. A cigarette is a cigarette, as blind product tests have repeatedly shown. In the early 1940s the Federal Trade Commission looked into an American Tobacco Company advertising campaign that suggested otherwise: "Sworn affidavits show that among the men who know tobacco best it's Luckies two to one." The investigators had little difficulty showing that the claim was pure bunk. Some 200 tobacco

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growers, warehousemen, auctioneers, buyers, and dealers unanimously testified that all standard brands were made from the same type of tobacco. Farmers grew it in the same type of soil with the same sort of fertilizers, gathered and cured it in the same fashion, and sold it at public auction to manufacturers who bought tobacco of similar quality.²

This reality cuts across all commercial drug categories. Casks of rum, bundles of kola nuts, bricks of opium, and kilos of cocaine are so many commodities. The big problem with being in the commodity business, or "commodity hell" as it is sometimes known, is that the only way to capture additional market share is to cut price. Competition exerts relentless downward pressure on profit margins, particularly in an industry like drug production, where start-up costs are comparatively modest and new competitors continuously arise.

Several means of escape from commodity hell present themselves. Producers can control output and stabilize prices through a cartel, trust, or other monopolistic device. Failing that, it pays to advertise. Creating attractive brand names allows producers to charge more because consumers are willing to pay for the brand and the product. Another approach, not exclusive of advertising, is to improve the product and cut manufacturing costs. Design a better tea bag and sell it for less. The drawback of innovations is that rival firms eventually copy them; patents provide at best a temporary competitive advantage. Finally, producers can increase market share without cutting profits if they succeed in opening new markets previously closed or indifferent to their products. Hence the logic of shipping free coffee halfway around the world.

The history of drug use offers any number of ingenious attempts to escape from commodity hell: cocaine manufacturing cartels, flavored coffees and liqueurs, nitrite ads in pornographic magazines. This chapter focuses on the manufacture and promotion of cigarettes. Cigarette makers created a large and uniquely profitable global industry, and the success they enjoyed in advertising, technological innovation, and exploiting new markets lifted the fortunes of other psychoactive products. Many boats rose on the cigarette tide. Cigarette smokers, for example, are four times likelier than nonsmokers (adjusting for age, gender, marital status, alcohol use, and other risk factors) to abuse amphetamines. They also consume more alcohol. Charles Towns, an early twentieth-century addiction specialist, went so far as to pronounce cigarettes the worst of all drug habits. Though less harmful in their immediate ef-

fects, they led to the use of alcohol and narcotics and created an ongoing scandal. The very openness and permissibility of the vice, he wrote, legitimated the process of “self-poisoning.”³

Making People Disappear

“People underestimate energy,” the novelist Jeffrey Archer once remarked. “One gift plus energy, you’ll be a king; energy and no gift, you’re a prince; a gift and no energy, you’re a pauper.” James Buchanan Duke—a figure who might have stepped from the pages of an Archer novel—combined a gift for business with boundless energy. “I loved business better than anything else,” he recalled, “I worked from early morning to late at night.” While still in his thirties, he became the undisputed king of tobacco production and prime mover of the cigarette revolution. It is not an exaggeration to call him the single most important figure in the history of psychoactive commerce.⁴

Buck Duke was the strapping son of a Confederate artilleryman whose North Carolina farm was looted by Union soldiers in 1865. He worked hard to restore the family fortunes after the war, eventually becoming a full partner in a Durham tobacco factory purchased by his father. The competition was merciless, particularly from the giant Bull Durham, which sold the makings for roll-your-own cigarettes. Ready-mades were not then a part of the Bull Durham product line, so the Dukes concentrated their efforts there.

It proved a wise choice. Cigarettes made with flue-cured Bright tobacco were, in several respects, superior to other tobacco products. Customers found them lighter and more palatable than pipes and cigars, and appreciated their “short smoke” qualities. Five to seven minutes with a ready-made cigarette fit the tempo of urban-industrial life much better than a leisurely half-hour with a cigar. “Short, snappy, easily attempted, easily completed or just as easily discarded before completion,” wrote one editorialist, “the cigarette is the symbol of a machine age in which the ultimate cogs and wheels and levers are human nerves.”⁵

The road to the nerves ran through the lungs. Smokers could inhale cigarette smoke deeply, delivering a powerful dose of nicotine into their bloodstream. The cigarette was to tobacco as the hypodermic syringe was to opiates: a revolutionary technology that permitted alkaloids to work more quickly and with stronger effect on the brain’s reward systems. Though no one yet understood those systems in the late nineteenth century, the seductive, almost narcotic, power of cigarettes was clear enough. In America, where cigarettes were especially controversial, they earned the sobriquet

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“dope sticks” and the suspicion that their manufacturers spiked them with opium, cannabis, or cocaine.⁶

The suspicion was unfounded; nicotine alone sufficed to produce a powerful addiction. When the anarchist Emma Goldman, who smoked as many as 40 cigarettes a day, had to do without in Blackwell’s Island Penitentiary, she experienced “torture almost beyond endurance.” So did the prostitutes rounded up in vice sweeps. They shook their bars, cursed, and screamed for “dope *and* cigarettes.”⁷ In all strata of society cigarette smokers, like the users of injectable narcotics, were more likely to become dependent customers. They also consumed more tobacco per person than cigar or pipe smokers, or chewers and snuff dippers.

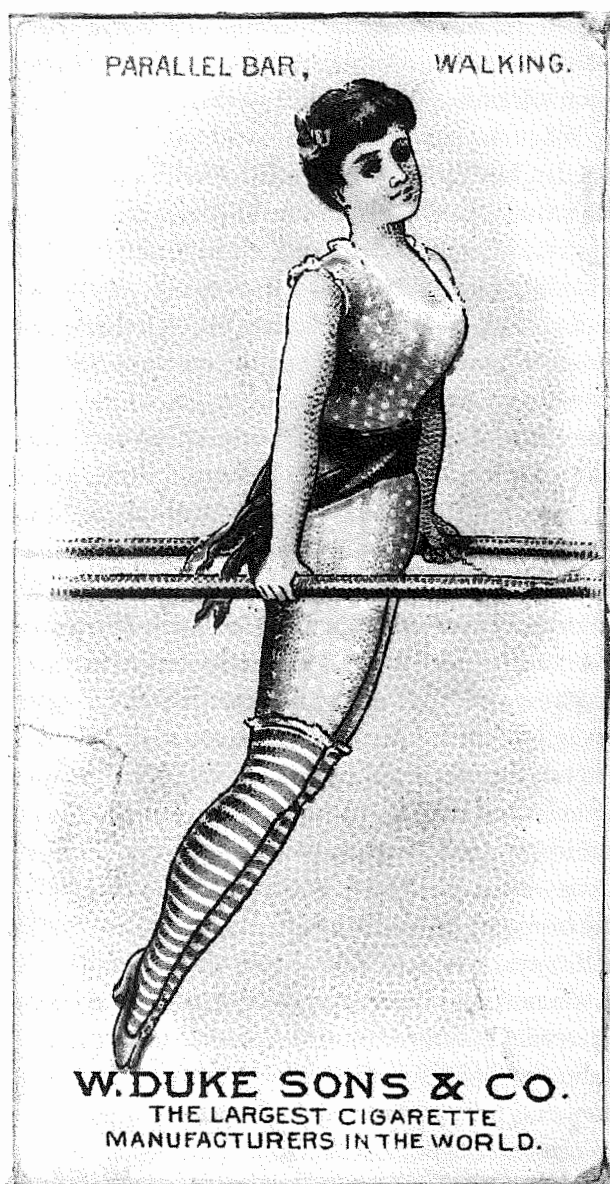
The one drawback of ready-made cigarettes when the Dukes got into the business in 1881 was their price. The federal tax, a vestige of the Civil War, was steep, and so were the costs of employing hand rollers. Ninety percent of the cost of manufacturing cigarettes went for labor. But the government slashed the cigarette tax in 1883, and in the following year Duke negotiated rights to the Bonsack cigarette machine, capable of spewing out 120,000 cigarettes in a 10-hour shift. The makers of this mechanical wonder, spurned by other manufacturers because of its doubtful reliability, agreed to charge Duke at least 25 percent less than any future competitors would pay. He in turn agreed to take as many machines as he could keep running.

Once mechanics had worked out the bugs, the Bonsack machines enabled Duke to cut prices and still earn handsome profits. But the size of the market for ready-mades—a rarefied dude product—remained limited. Duke, whose office spittoon brimmed with tobacco juice, personally shunned them, as did most men of his generation. He had to figure out what to do with the flood of cigarettes he was now capable of unleashing on an unsuspecting world.

Duke only seems to have invented tobacco advertising. Robert Louis Stevenson, who traveled across the Midwest by train in 1879, wrote that the only advertisements he saw plastered on the fences along the endless tracks fell into one of two categories, tobacco or remedies against the ague. But Duke poured unheard-of resources into promotions and ads, spending 800,000 dollars in 1889 alone. He and his salesmen tarted up their ads and cigarette cards with actresses and tights-clad models. Sex sold cigarettes, particularly to young, single men in cities. They were, as always, fertile ground for novel types of drugs.

Duke pushed hard to open new markets. His drummers fanned out across the country, distributing packages of Duke brands at baseball games and hir-

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Collectible cards, first introduced in 1878, proved a popular ploy in the cigarette wars. They even gave rise to a new hobby, “cartophily,” with albums, specialty dealers, and auctions. The images emphasized celebrity, exoticism, masculine adventure, physical vitality, and sex. This card is tame in comparison to the “Sporting Girls” series issued after Duke had taken charge of American Tobacco. In exchange for 75 premium certificates, smokers received a deck of “artistic pictures” featuring buxom models in harem attire puffing away at cigarettes and striking come-hither poses.

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ing street urchins to give away samples outside tobacco stores. In 1884 Duke personally laid siege to New York City. He opened a small, Bonsack-equipped factory on Rivington Street, but soon had to move to larger quarters. He dispatched runners with bulging sacks to greet immigrants, many of whom were already familiar with cigarettes. Handing each arriving male a pack, they cast Duke's nicotinic bread upon the nation's waters. "These people will take our cigarettes all over the country," he reasoned. "It's whopping good advertising."⁸

Duke understood that large-scale machine production of cigarettes and other tobacco products would inevitably lead to concentration in the industry. So did his four leading rivals, who were steadily losing ground to his relentless cost cutting and lavish advertising. In 1889 they agreed to form American Tobacco, capitalized at 25 million dollars, with Duke as its president. His first move was to purchase exclusive rights to the Bonsack machines, assuring control of mechanized cigarette production. He also began acquiring other companies and factories, buying out 250 of them during his career. By 1900 his trust controlled 93 percent of U.S. cigarette output and the lion's share of snuff, chewing, and smoking tobacco—hedges against the possibility that reformers might succeed in crippling the still-controversial cigarette industry. Duke was so entrenched that he could dictate retail profit margins and leaf prices for farmers, who received as little as three cents per pound.⁹

Still he kept driving to lower costs, installing machinery to make foil wrappers, fold coupons, and perform a hundred other tasks. "I stood by a machine into which the cut tobacco was poured through a chute," the Danish-American reformer Jacob Riis wrote of a June 1910 visit to a North Carolina tobacco factory,

and [it] came out packed in the familiar little bags, all ready for the store counter. While it was on its way, at one point a pair of steel fingers reached down, plucked a revenue stamp from somewhere, pasted it on and then reached for another. It was the very perfection of mechanical skill. Where the bags came out sat a colored boy who caught them as they came and with a single twist tied two little cords that closed them up. He did it once every second, never anything else, day after day, year after year.¹⁰

Riis told this story to illustrate how assembly-line jobs could turn child laborers into mindless automatons. But it is equally, if backhandedly, a testament to the power of specialized machinery. With additional improvements, me-

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chanical devices like this one took over almost all the manufacturing and packaging functions, further reducing the cost of tobacco products. What Duke really wanted to do was to make the colored boy disappear.

The Mustard Seed

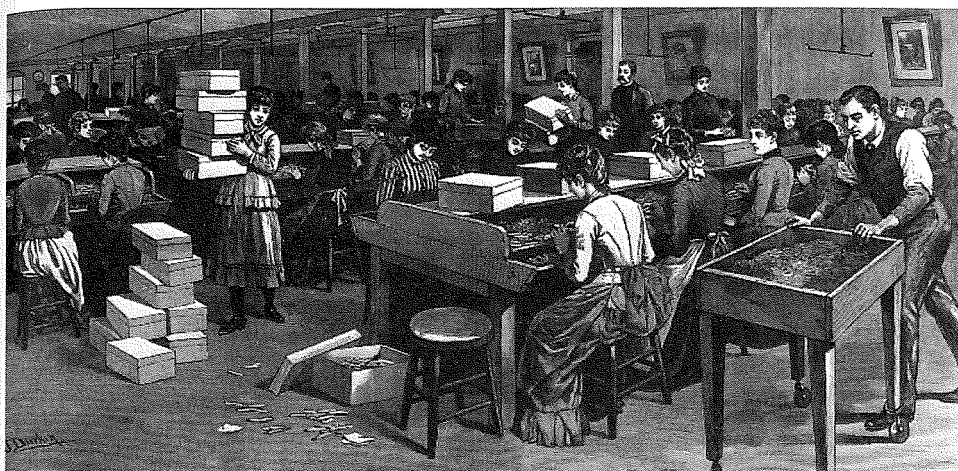
Duke's Rockefellerian tactics inevitably provoked retaliation. Ruined rivals, reduced to working behind company store counters, stole from his tills. Night-riding farmers torched company warehouses. Editorialists fumed. The Justice Department filed an antitrust suit. After years of litigation, the Supreme Court ordered the dissolution of American Tobacco in 1911. By then, however, Duke had fashioned an even more ambitious enterprise, the British-American Tobacco Company, or BAT.

BAT was born of invasion. Duke bought up the Liverpool firm of Ogden Ltd. in 1901, intending to use it as a base from which to gain control of the British and ultimately the European cigarette trade. Rival firms united to form the giant Imperial Tobacco Company. Its sole purpose was to fend off Duke, whose very presence in the country inspired jingoistic panic. The war lasted until 1902, when the two sides struck a momentous deal. Imperial's directors purchased Ogden and retained control of the home market. American Tobacco would not independently distribute its products in England, nor Imperial its products in America. A third entity, British-American Tobacco (BAT), was to exploit all other foreign markets save those, like France or Spain, closed by government monopoly. Duke was to head the new company; American Tobacco owned two-thirds of its stock. BAT was, wrote Duke's biographer, the nearest approach to a world trust ever organized in any industry.

Duke used BAT to export technology, organization, and advertising techniques as well as cigarettes. His greatest success was in China, a country in which he already had sizable interests. When Duke first learned of the power of the Bonsack machine, he reportedly asked for an atlas. Turning the pages, he looked, not at the maps, but at the population figures. When he came to the legend "Pop.: 430,000,000," he said, "That is where we are going to sell cigarettes."¹¹

In 1905 Duke chose fellow North Carolinian James Thomas to direct his China operations. A self-styled "missionary" for the cigarette, Thomas held the post until 1922, becoming the highest-paid foreign businessman in Asia. He combined energy and determination with an unusual degree of empathy and tact. Southern manners played well in China. Early on he recruited

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A Richmond, Virginia, cigarette factory in 1887. Duke's mechanization of the industry would soon drive such labor-intensive establishments out of business.

Wu T'ing-sheng, a 20-year-old Chinese college graduate who spoke excellent English. At first Wu told Thomas that the prospect of peddling cigarettes was disgraceful. Thomas did not argue. Instead, he told Wu the parable of the mustard seed. Grasping the point that great things might come from humble beginnings, Wu changed his mind and began hawking cigarettes. He rose to become BAT's leading comprador.

With the help of men like Wu, Duke and Thomas created an integrated system of mass production and distribution in China similar to that already operating in the United States. It stretched from the tobacco fields, whose cultivators were given free Bright tobacco seeds, to modern factories, to camel trains stretching across the Gobi Desert. Thomas thought of everything. Believing, as one recruit later put it, that only inexperienced and adventurous young men would be fools enough to risk what he and the directors proposed, Thomas recruited and trained bachelors as salesmen. He urged those who stuck it out to learn colloquial Chinese and become familiar with the dialects of their particular regions. Those who passed the BAT language tests earned a 500-dollar bonus. He hired native "teachers" of a different sort, men who simply walked about lighting and smoking cigarettes, demonstrating the technique to peasants who at first tried to bite their free samples.

BAT's success depended heavily on the collaboration of Chinese merchants, compradors, tobacco farmers, and factory workers, many of them fe-

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male. Because foreign copy writers were apt to blunder into disastrous inadvertent puns, with which the Chinese language is strewn, native artists took charge of the advertising campaign. Their slogans and bright placards, so attractive that they were appropriated as home decorations, blossomed everywhere. BAT operatives imported the latest in printing presses and kept them humming. Eventually they built the single largest and most expensive advertising device in China, a tricolor clock sign in Shanghai, 130 feet tall, that touted Ruby Queen cigarettes in 10-foot-square neon characters. The company's own movie studios made films extolling the virtues of Ruby Queen, Pirate, and other BAT brands.

BAT's success also hinged on pricing. "We knew that our tobacco was good," Thomas recalled, "and we used every endeavor to distribute it economically, so that people with small purchasing power could enjoy it." A copper coin, worth about half a cent, purchased five cigarettes. "I often used to think"—Thomas again—"as I watched a native smoking his cigarette that nothing in the world he could have bought at the price would have given him the same amount of pleasure and comfort. The volume of our business testifies to this." So did BAT's annual dividend. It rose from 6 percent in 1902 to 26.5 percent in 1924.¹²

Duke apparently hoped that BAT cigarettes would supplant opium smoking, which was under increasing attack by missionaries, nationalists, and other reformers in the early twentieth century. When Duke died in 1925, one BAT official claimed that he had combined "business with humanity by weaning the Chinese . . . from opium by teaching them to smoke North Carolina cigarettes." Whether this was necessarily humane and whether or to what extent it actually happened are open questions. What is certain is that by 1916, a year when BAT's China cigarette sales were approaching—by some estimates they had already well exceeded—the 10 billion mark, this singularly addictive form of smoking had become popular with all classes and ages, including children. BAT's China operations, which continued to expand during the 1920s and 1930s, managed to survive sporadic nationalist boycotts, Chinese competition, and civil and world warfare. They did not cease until Mao, himself a heavy smoker, formally transferred them to the Chinese government in 1952.¹³

Duke did not succeed everywhere in Asia. To get around unfavorable tariffs, he bought a controlling interest in the Murai Brothers, a Japanese tobacco company, and sent a genteel ex-Confederate named Edward Parrish to oversee its expansion and operation. Parrish reached deep into the familiar

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Shanghai

December 21st 1923

Cover of the program for a BAT staff dinner, held in honor of Sir Hugo and Lady Cunliffe-Owen's visit to China. He succeeded Duke, who stepped down as director of BAT in 1923. The program included a menu with four kinds of meat and a quiz for guessing the weights and heights of the well-fed dignitaries who constituted the company's China Board. ("Side bets permitted.") After Cunliffe-Owen returned to London, he announced another year of record profits.

bag of Duke tricks. Marching bands paraded through remote mountain villages; uniformed sales girls distributed Murai cigarettes beside the free smoking stand at the 1903 Osaka Exposition. As in Britain, the aggressive tactics provoked a nationalist reaction. Rival brands played upon patriotic sentiment in their ads: "Hard Fight of Tengu Cigarettes!!! Cruelty and Danger of the Foreign Trust!!!" The Japanese government, which had carefully studied the operation of European tobacco monopolies, had other plans. In 1904 it nationalized the cigarette industry. Working through Parrish, Duke negotiated the best compensation he could get and pulled out. He contented himself with the growing markets in China, India, Burma, and other lands where BAT gimmicks were winning over a new generation of smokers.¹⁴

A Stroll Down Madison Avenue

No one would ever again dominate the tobacco industry the way Duke did in the first decade of the twentieth century. Though companies occasionally conspired to fix prices and divide markets, as Philip Morris and BAT allegedly did in Latin America in the late 1980s, the industry long ago settled into a pattern of competitive multinational oligopoly—that is, a handful of large firms fighting one another for market share at home and abroad. The only true monopolies to survive were those run by governments, such as the China National Tobacco Corporation. Protected by heavy tariffs against imported brands, it reached the point in 1998 where it was producing a third of the world's 5-trillion-plus cigarettes and fully 12 percent of the Chinese government's revenue.¹⁵

The U.S. companies—American Tobacco, R. J. Reynolds, Liggett and Meyers, Lorillard, and others—that were spawned by the judicial breakup of Duke's empire had no such protective advantages. They had to struggle to stay out of commodity hell. They did, however, have help in the form of increasingly sophisticated advertising and public relations agencies. Their well-paid assistance enabled the tobacco companies to build brand recognition and loyalty, recruit millions of new smokers, improve their products, counter health concerns, and further expand the global cigarette market.

Unprecedented sums poured into advertising in the 1920s. Charles Lindbergh turned down 50,000 dollars to publicly endorse a cigarette after his epochal transoceanic flight in the *Spirit of St. Louis*. Tareyton had better luck with the *Question Mark*, an Army trimotor that stayed aloft for almost a week during a widely publicized endurance trial in January 1929. A thousand Tareyttons passed from the refueling plane to the *Question Mark's* grate-

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ful crew. Ad men pondered equipping all South American passenger planes with the brand: "One flight down there over the mountains is particularly hazardous and will make some excellent pictures and news copy." BAT sales teams in Chile used airplanes to parachute samples of *Compadre* cigarettes, while blaring their advertising pitch through megaphones. American Tobacco's promoters saw another possibility in aviation: they offered Major Jack Savage, the pioneering skywriter, a thousand dollars a day to inscribe "Lucky Strike" in chemical smoke in the sky above New York and other cities.¹⁶

In 1948 the Lucky Strike advertising account, swollen to 12 million dollars, moved to Batten, Barton, Durstine, and Osborn. Bruce Barton, a best-selling writer, former Republican congressman, and one of America's most successful advertising executives, immediately began brainstorming about new ways to sell the brand. His correspondence suggests the sheer ingenuity that went into promoting cigarettes and Madison Avenue's sophisticated understanding of their dual nature as psychoactive drugs and as social products.

Barton thought a lot about women smokers, who represented a critical growth area. Would *Emily Post* consider endorsing a series of advertisements on the etiquette of female smoking? ("Don't smoke while taking dictation in the office.") Would a health-based appeal to thinness work? Why not light a Lucky instead of taking those last few fattening mouthfuls? "Tension shortens life," mused Barton in another memo. "Tension makes one grow old faster. Best thing to do when you feel yourself getting tense is to light a Lucky . . . Amos and Andy coined 'unlax.' Could we coin 'un-tense'? It sounds silly, but probably L.S./M.F.T. sounded silly when it was first suggested."

L.S./M.F.T.—Lucky Strike means fine tobacco—had been the brand's telegraphic slogan since 1944. Barton thought the fine-tobacco angle lent itself to a new approach: "You live only once. Why not live like a millionaire?" The logic, he explained, was that "you can't have a Rolls Royce. You can't have a house on Fifth Avenue. You can't spend your summers in Newport. But in one thing, by God, you can be just as well off as the richest man in America. You can smoke the finest tobacco. Light a Lucky, and feel like a millionaire."

The every-man-a-king pitch would work even better if real kings smoked Luckies. Barton could try to arrange that. While dining in November 1949 at the Waldorf Towers with Mr. Hoover—Herbert or J. Edgar not specified, but in Barton's Olympian circles it was probably the former President—inspiration struck. Looking at the company around him, Barton concluded that the

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Waldorf was becoming a haven for hard-up royalty. Why not hire the Duke of Windsor and his ilk to extol American cigarettes, saying: "They are so good and so much wanted that in many parts of the world they actually serve instead of money. I have tried all your brands since I have been here, and I like Lucky Strike the best." Negotiations for royal puffery would be delicate, Barton warned his staff. The publicity department would be out of its depth. "We ought to get Mrs. Astor, or some top-notch socialite who can use a little extra dough."¹⁷ As it happened, the Duke never endorsed Lucky Strike, though Barton was right about his financial worries. He and the Duchess eventually left America and settled in less expensive France.

The means by which R. J. Reynolds's advertisers sought endorsements of Camel cigarettes were more cold-blooded still. For years they broadcast the reassuring claim that more doctors smoked Camels than any other cigarette. The claim had an empirical basis, of sorts. Interviewers stationed themselves outside a New York City hotel where physicians were attending a medical conference. They asked them a series of routine questions: Did you travel by car or plane? Did your family come with you? Buried inside the seemingly innocuous questionnaire was the following: "Doctor, do you smoke cigarettes?" If the physician said yes, the interviewer asked what kind he smoked and whether it was the kind he had on him now. As it turned out, a large percentage were carrying Camels. "Unbeknownst to the people who read the ads based on these claims," explained a confidential memo, "was the fact that the interviewers had placed in the doctors' hotel rooms on their arrival cartons of Camel cigarettes. The chances are that the doctors ran out of cigarettes on arrival, and conveniently put a pack of Camels into their own pockets."¹⁸

By the 1960s large, full-service advertising agencies were playing a role in the ongoing technological enhancement of the product. For years, manufacturers had been tinkering with cigarettes. They had experimented with different blends of tobacco; had learned to use reconstituted "sheet" made from tobacco stems, scraps, and dust; and had introduced filters and flavors and crush-proof boxes. Philip Morris began using ammoniated tobacco in 1965, freeing up more nicotine for absorption in the lungs—the hidden chemistry behind the Marlboro's success.¹⁹ Those modifications that were not trade secrets were heavily promoted by the agencies, which pitched triple filters to health-conscious smokers and menthol brands to those who thought smoking hot and dirty. But the advertisers, who made it their business to under-

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stand consumer motivation in intimate detail, also suggested improvements to the manufacturers themselves.

In 1969 J. Walter Thompson put together an intra-agency task force to propose profitable new products for Liggett and Meyers. Its members reviewed market surveys, attitude and image studies, scientific reports, advertising analyses, and comments from focus groups. They concluded that most people smoked automatically, lighting up in certain situations without even thinking about it. The cigarette acted as an omni-prop, giving people an excuse to pause, gather their thoughts, take a break from work. It provided tactile and oral pleasure. More sensuous, velvety paper might enhance cigarettes' appeal. So might a "soft, pliable filter that allows more sucking, chewing than present filter." A nipple-shaped filter "that fits more comfortably into [the] mouth and provides more contact points with lips" was another possibility. But nicotine remained the key to the cigarette's success. "Only plants with active pharmacological principles have been employed habitually by large populations over long periods," they noted, citing coffee, tea, betel, cannabis, qat, and opium as parallel cases. "Smoking becomes a habit because of the nicotine content." If nicotine was the essential ingredient, why not also put it in smokeless products like lozenges? Or concentrate it in lower-tar cigarettes aimed at health-conscious customers?²⁰

Carry on Smoking

It was prescient advice. Between 1982 and 1991 the average nicotine content in U.S. cigarettes rose more than 10 percent, with the largest increases in low-tar brands.²¹ The introduction of nicotine-rich, low-tar cigarettes was just one of many responses to consumers' health fears, undoubtedly the industry's central problem in the second half of the twentieth century. The problem first reached critical mass in the early 1950s after the publication of several reports linking cigarettes to lung and other cancers.

Tobacco executives hated the pioneer cancer researchers. They hated them for selfish reasons, because they threatened their profits, but also for sentimental ones, because they spoiled the "innocent" pleasure people took in cigarettes. America in 1950 was a smoker's paradise. The haze was so thick in New York's legendary Birdland nightclub that the canaries behind the bar died within weeks of its opening. Social custom and the millions invested in advertising over the years had fostered an ideal mind-set for smoking. Everybody's in on the fun, so relax and light up. Cancer destroyed this comforting

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illusion and, with it, the industry's pet rationalization. Tobacco executives liked to think of themselves as doing good while doing well. What James Thomas thought as he watched a native smoking a cigarette, that nothing in the world he could have bought at the price would have given him the same amount of pleasure and comfort, was in fact the moral foundation of the industry—that, plus jobs and government revenues. Alton Ochsner, Ernst Wynder, and other white-coated messengers of malignant doom were systematically undermining that foundation. By linking cigarettes to a specific lethal disease, they were transforming a product that alleviated anxiety to one that massively produced it. And they were turning the medical profession decisively against cigarettes. Doctors were quitting and advising their patients to do likewise.²²

The industry initially responded with denial and buck-passing. "You hear stuff all the time about 'cigarettes are harmful to you' this that and the other thing," Arthur Godfrey reassured his television viewers in September 1952. Not to worry. Chesterfields wouldn't harm your nose, throat, or "accessory organs." A responsible consulting organization and a competent medical specialist had vouched for it. Industry leaders like American Tobacco's Paul Hahn realized, however, that every-brand-for-itself health malarkey was self-defeating. It only served to increase public awareness of the cancer issue. (It was a dull viewer indeed who didn't understand "accessory organs" as a euphemism for lungs.) What tobacco needed was a united front. In December 1953 Hahn met with his counterparts in New York's luxurious Plaza Hotel. They agreed to create the Tobacco Industry Research Committee.²³

TIRC had money, talent, and clout. The tobacco executives endowed it by imposing upon themselves a tax of one-quarter cent per 1,000 cigarettes, plus additional appropriations as needed. They hired Hill and Knowlton, a leading public relations firm with headquarters in the Empire State Building, to direct TIRC's day-to-day operations. With Hill and Knowlton's assistance, it quickly became a smoothly running disinformation machine. TIRC ran full-page advertisements in (white) newspapers denying proof that cigarettes caused lung cancer. It distributed booklets quoting authoritative disavowals of the link between smoking and malignancy. It corrected "misstatements" about tobacco and health in the press and collected potentially damaging information about tobacco opponents, lay and scientific. It funded laboratory and epidemiological research to give the impression that the industry was anxious to get at the facts and not callous to considerations of health. Implicit in this effort was the assurance that, should this research turn up a cancer-

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causing agent, the companies would quickly eliminate it from cigarettes, restoring full consumer pleasure and comfort. In the short run, these tactics prevailed. Though the link between smoking and cancer remained a controversial and widely reported issue in 1955, the sense of crisis had eased and cigarette sales were again rising.²⁴

TIRC researchers also monitored developments abroad. Lung cancer deaths were up sharply in Belgium, France, and other continental nations, but European smokers displayed more *sang-froid* than Americans. The only discernible trend among Parisian tobacconists, for example, was the increased sale of filter-tipped cigarettes. Reports from England were likewise encouraging. In 1956 the leading British firms established their own version of TIRC, blandly called the Tobacco Manufacturers' Standing Committee (TMSC). Because it had to operate under different institutional and cultural constraints, among them "the extremely prickly and reserved attitude of British doctors towards all forms of external patronage," TMSC necessarily behaved more circumspectly. Nevertheless, it adopted many of the same obfuscating and diversionary tactics pioneered by TIRC. It questioned the validity of purely statistical inquiries, called attention to the industry's generous funding of lung cancer research, and challenged the findings of particular scientists that ran contrary to tobacco interests.

TMSC did not limit its operations to disinformation. Anxious to discern the impact of government and Medical Research Council propaganda against smoking, it conducted surveys of public and medical attitudes toward tobacco and health. The news was mostly good. "The public," concluded the authors of one study, "appear to be quite content with the present state of affairs. They know that specialists are working in cancer research and no doubt in due time will provide the final answer; the tobacco manufacturers are aiding the research financially; in the meantime, carry on smoking!" Alan Campbell-Johnson, TMSC's public relations adviser, privately offered a blunter assessment: "The forces of inertia and addiction are still stronger than those of cost and risk." In Britain as in America, the tobacco industry, assisted by public relations consultants, won the first battle of the cancer wars.²⁵

Yet the medical evidence continued to pile up: heart disease, emphysema, low birth weight. In the wake of the 1964 Surgeon General's report and televised public service announcements against smoking, cigarette consumption finally began declining in the United States. It fell steadily from about a half pack per adult per day in the mid-1960s to a third of a pack in the early 1990s. By then as many as half a million Americans per year were dying prematurely

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of smoking-related illnesses, a million were quitting, and another 15 million were trying to. The domestic consumer base was eroding.²⁶

The tobacco companies had two ways out, both critically dependent on advertising. First, they could recruit teenage smokers to replace those who died or quit. Though the industry has, for legal reasons, steadfastly denied this intention, any fair reading of the confidential internal correspondence that has come to light suggests otherwise. “To ensure increased and longer-term growth for CAMEL FILTER,” declared a 1975 R. J. Reynolds memo, “the brand must increase its share penetration among the 14–24 age group, which have a new set of more liberal values and which represent tomorrow’s cigarette business.” “To the best of your ability (considering some legal restraints),” advised a youth-conscious Brown and Williamson consultant that same year, “relate the cigarette to ‘pot,’ wine, beer, sex, etc. *Don’t* communicate health or health related points.” One J. Walter Thompson executive, reviewing a you-can-smoke-less pitch for Chesterfield’s purportedly richer tobacco, turned his thumb down. “Not an appeal to youth—live dangerously,” he scribbled in the margin.²⁷

Ad men everywhere understood that recruiting new teenage smokers meant presenting cigarettes as a means of resolving their psychological quandaries and social anxieties. Young smokers weren’t (yet) buying nicotine-delivery vehicles. They were buying accessories of identity. Cigarettes symbolized independence, sexual potency, and disdain for authority. (One Japanese brand was named “Dean,” after the legendarily rebellious American actor.) Teenagers glimpsed, if at all, the future costs of such posturing through the darkened glass of adolescent temporal myopia. They made perfect targets for cool brands and gear. Industry salesmen zeroed in on fast-food restaurants, video arcades, and convenience stores—miniature bazaars of nicotine, alcohol, caffeine, sugar, fat, and salt that doubled as popular afternoon hang-outs. They larded up the stores nearest to junior and senior high schools with extra premiums and promotions: discount prices, free cigarette lighters, colorful T-shirts. “We were targeting kids,” confessed Terence Sullivan, a Florida sales representative for R. J. Reynolds. “I said at the time it was unethical and maybe illegal, but I was told that was just company policy.”²⁸

Company policy also stressed further expansion in foreign markets, the second means of maintaining or expanding the customer base. Cigarettes were already the most heavily advertised product in the American economy by the end of the 1970s, and manufacturers poured additional billions into promo-

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tions overseas, where they faced fewer regulatory obstacles. (Japanese warning label: "For your health don't smoke too much.") Winston T-shirts appeared in Saipan, Camel sweepstakes in Truk, L&M billboards in Senegal, the Marlboro Man everywhere. Norway, where a center-left parliamentary coalition enacted a total ban on tobacco advertising, was the exception that proved the rule. Following the law's implementation in 1975, smoking among 13- to 15-year-olds, which had been steadily rising, began to decline, as did adult consumption of tobacco products.²⁹

By 1996, when the World Health Organization announced a public health emergency, the strategy of offsetting domestic losses with overseas gains was plainly succeeding. Global consumption of cigarettes per adult was holding steady, while the total world market, buoyed by population increases, was growing at about 1 percent a year. BAT, the leading British exporter, was expanding aggressively in developing nations and in former eastern-bloc countries. (The removal of the iron curtain, enthused BAT's Sir Patrick Sheehy, had created "the most exciting times I have seen in the tobacco industry in the last 40 years.") The big U.S. companies were doing more and more of their business overseas. Philip Morris, the most aggressive exporter, was selling two cigarettes abroad for every one in the United States. With the help of trade pressure from the Reagan administration, Philip Morris had even managed to crack the Japanese market, accomplishing what James Duke had not. In 1994 the company accounted for one in every eight cigarettes sold in Japan—a major coup, considering that two-thirds of Japanese men (and nearly half of Japanese doctors!) were smokers. By comparison, only about a quarter of all American adults were still smoking, and the best educated had practically quit altogether. Just 6 percent of the Harvard-Radcliffe class of 1970, a group not notable for pulmonary abstemiousness in the late 1960s, reported smoking in 1995. Relatively speaking, the United States, home of the world's most efficient tobacco companies, had become a nonsmoking island in a worldwide ocean of puffers.³⁰

McWorld

Historians call accounts like this one "internalist." The story of the expansion of the cigarette industry is about insiders and innovators who, faced with recurrent problems such as how to increase market share without slashing profits or how to allay public fears, contrived a variety of organizational, technological, and media solutions. Competitors copied those solutions or they

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perished. The result of their collective efforts was that more people in more parts of the world smoked more tobacco in more efficient cigarettes, tricked out with the talismans of youth and health.

Similar internalist tales can be told of other drug industries. Two centuries of tinkering with yeast strains and fermenting tanks and stills turned the manufacture of alcoholic beverages into a highly efficient enterprise, capable of producing a steady flow of attractively bottled beverages of consistent quality. Faced with flat or falling per capita adult consumption in increasingly health-conscious developed nations, manufacturers mounted a two-front campaign. They pitched sweet, fruit-flavored alcoholic drinks and ices to the rising generation of young drinkers, while simultaneously expanding their trade through slick advertising in developing countries like Malaysia or Zimbabwe—Marlboro tactics in an Absolut world. Illicit drug distributors found their own creative ways to cope with commodity hell. Heroin dealers commonly employed brand names like “F-16” or “Hydrogen Bomb” to emphasize the potency of their always-suspect street bags.³¹

A complementary externalist account of the role of technology and advertising is also possible. Innovations *outside* an industry have often had as large an impact as the calculated ones that originate within it. Going back deep in time, it was a completely unrelated breakthrough, the domestication of fire, that made widespread drug use possible in the first place. If there had been no fire, there would have been no amphorae, pipes, tea, heated mash, refined opium, and so on. Controlled flame was the ur-technology of the psychoactive revolution. Moreover, as time passed, the flame became more controlled and portable. The invention of the friction match was a great boon for nineteenth-century smokers, who promptly liberated themselves, their cheroots, and their bad examples from the confining realms of hearth and tavern. Without friction matches and their successors, cheap safety matches, the cigarette revolution would not have occurred, at least not until someone invented the mechanical lighter.³²

Railroads and highways cut transport costs for licit drugs and simplified life for the couriers of illicit ones. Most of the cocaine distributed in India in the 1920s and 1930s was smuggled into Calcutta and then shipped along the two main railway routes running northwest through the United Provinces into the Punjab and beyond. (Unsurprisingly, cities like Benares that fell along the routes suffered the highest rates of addiction.) Nineteenth-century American moonshiners hauled their kegs to market down mountain trails on mule-drawn sleds; their twentieth-century descendants drove souped-

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up cars on macadamized roads. Planes sped drugs and their promoters everywhere. The first commercial pilot in southeastern Alaska in 1923 was a salesman for Hills Brothers Coffee. "Civil aircraft," Lindbergh wrote in his autobiography, "laid every spot on earth open to the ravages of commerce."

Lindbergh, under no illusions about his own historic role in the transportation revolution, brooded about "the deadly standardization that fast communication brings." He dreaded the emergence of a homogeneous world dominated by North American consumer norms, intolerant of local customs, subversive of tribal ways, and destructive of the environment. The writer Benjamin Barber gave Lindbergh's nightmare a name: McWorld. Disturbing as McWorld may be for sensitive souls, not to say those of a fundamentalist turn, it has been a real boon to western drug manufacturers struggling to open new markets. It is perhaps the ultimate example of a technologically driven externality that turned out to be good for their business.³³

A look at a failed international advertising campaign shows why. In 1963 Pepsi-Cola, trying to catch up with Coca-Cola, took its "Come Alive—You're the Pepsi Generation" campaign worldwide. It used a one-sight, one-sound approach, forcing the same images and themes on Pepsi bottlers everywhere. It didn't work. The generational pitch made little sense in cultures where teenagers did not think of themselves as a special non-adult group. In countries like Germany or Japan adults, not kids, controlled the discretionary income for soft-drink purchases. "Come alive" was meaningless or untranslatable in many languages. Pepsi, concluded Albert Stridsberg, an expert on international advertising, had ignored the prevailing wisdom of global marketing. People lived, and each sale was made, in local markets. International success meant adapting to many local markets, varying advertisements, sugar content, container size, and price as necessary. Promoters of new products had to traverse a cultural minefield. BAT, which recruited native talent to help sell its cigarettes, nimbly picked its way through. Pepsi blundered in and got blown up.

But the media-driven rise of McWorld and the concomitant spread of American English and juvenile mores made it progressively easier to navigate the minefield and simplified the international promotion of drug products. One of the first to spot the trend was Stridsberg himself. By the late 1960s he was describing the emergence of a viable international style of advertising, headquartered in New York, London, and Paris. Though national markets were not yet identical, Stridsberg cautioned, they were becoming

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more similar as affluence, travel, transistor radios, satellites, and commercial television facilitated the spread of western ways. These and other electronic advances (Stridsberg correctly predicted that "satellite relays, coaxial cables and memory banks" would coalesce into a global sound and image network) paved the way for dominance by western images and world products. International campaigns geared to youth themes worked much better in an MTV world. So, for that matter, did the much more informal promotion of illicit drugs. The stronger the western cultural orientation of Zimbabwean school children, for example, the more likely they were to experiment with cannabis and inhalants.³⁴

Richard Rhodes, in his epic *The Making of the Atomic Bomb* (1986), meditates upon nation-states' appropriation of applied science and industrial technology to create weapons of mass destruction. To protect themselves and further their ambitions, they caused 100 million deaths in the wars of the twentieth century. Most of those 100 million died between 1914 and 1945; nuclear warfare was the climax of a mechanized annihilatory process that stretched from the Marne to Nagasaki. Rhodes thinks the decline in the casualties after 1945 was no coincidence. The capacity for military destruction became so great that it forced a political reassessment of total war, which the leaders of the great powers came to view as an exercise in mass suicide.³⁵

Something similar, but also something different, has happened with drugs. The corporations and cartels that manufacture drugs have, with the connivance of tax- and export-conscious nation-states, utilized applied science and industrial technology to protect their profits and expand markets. Like the military, they have devised their own technologies and exploited those that evolved elsewhere. They have caused well over 100 million premature deaths during the twentieth century, 80 million from tobacco alone. The carnage has provoked a worldwide public health reaction to alcohol and especially tobacco products, which many reformers would like to see added to the schedules of restricted substances and banned from advertising.³⁶

The reformers have not yet succeeded. The death toll from legal drugs has continued to rise. The reasons, reduced to their essentials, are money and power.

LICIT AND ILLICIT DRUGS

MODERN REGULATORY REGIMES divide psychoactive drugs into seven categories. These categories, illustrated with current American examples, appear in the table on the following page. They form a continuum of legal access, ranging from outright prohibition to unrestricted availability. This continuum intersects with another, taxation, to form a simple graph. The tax axis runs from zero to prohibitory. The point of origin—universal access, zero tax—is the free market. Movement away from the free market along either axis, toward stricter regulations or heavier taxes, prompts illicit activity. What to do about such activity requires choices along a third policy axis, strength of sanctions. These range from warnings to fines to institutionalization to execution. The Chinese shoot heroin traffickers in the back of the head, or sometimes in the heart, if the police happen to have sold the corneas for transplantation, rather than the kidneys. They then send a bill for the bullet to the condemned man's family.¹

The Chinese do not, however, shoot the merchants of tea or whiskey or cigarettes. Despite the worldwide trend toward increased regulation, higher taxes, and stronger sanctions during the twentieth century, caffeine, alcohol, and tobacco have remained more legally accessible than opiates, cannabis, cocaine, and most synthetics. American Prohibition, a seeming exception to this generalization, was neither pure nor prohibition. The Volstead Act permitted sacramental use and limited home brewing, as well as alcoholic prescription. Bonded warehouses, guarded by dogs and electric alarms, held

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thousands of barrels of medicinal whiskey. It was perfectly legal, if sometimes obtained by means of forgery. Big-city taxi drivers offered counterfeit prescription orders for two dollars apiece.²

R E G U L A T O R Y C A T E G O R I E S F O R P S Y C H O A C T I V E D R U G S

- Pure prohibition.** No manufacture, sale, or use allowed, e.g., heroin.
- Prohibitory prescription.** Prohibited except for narrow therapeutic purposes unrelated to addiction, and then only if administered by health-care professionals, e.g., cocaine.
- Maintenance.** Prescription allowed for relief of addiction, but only under supervision, e.g., methadone.
- Regulatory prescription.** Unsupervised self-administration allowed for those holding a valid prescription, e.g., Valium.
- Restricted adult access.** No prescription required, though availability is legally limited, e.g., alcohol sold only to unintoxicated persons during certain hours.
- Unrestricted adult access.** Sufficient age the sole criterion of purchase, e.g., tobacco.
- Universal access.** Available to any individual, e.g., caffeinated beverages.
-

Easier access to alcohol, tobacco, and caffeine is plainly a global, not just a western, pattern. Alcohol is even legally available in many Islamic nations, though its status is controversial and fluctuates with the political fortunes of the local fundamentalists. Why, then, did these three drugs, all of which have toxic properties and all of which can lead to dependency, fare so much better than other drugs in the regulatory era? What objections have arisen to their liberal treatment? Is the distinction between licit and illicit drugs likely to persist?

The Harmfulness of Licit Drugs

Caffeine's privileged status is the easiest to explain. Though medical authorities from Paulli on have warned of the effects of caffeinated drinks, their cautionary tales have typically featured heavy consumers—the “nerve-wrecked slaves,” as one authority called them. Nineteenth-century French devotees of coffee (“strong enough for any man to walk on that has Faith as Peter had”) produced some of the most spectacular cases. However, moderate use, while

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not without adverse effects, has yet to be convincingly linked to life-threatening illness. Caffeine lacks the equivalent of cirrhosis or lung cancer. Nor is there any connection to crime or violence. Coffee, as John McCann puts it, intoxicates without inviting the police. Intravenous caffeine is another matter, but this mode of administration, apart from adulterated street drugs, is rare. Small oral doses of a drug, especially when integrated into daily life, are always less dangerous than injecting alkaloids.³

Caffeine, to extend the metaphor, keeps the police away. Its antidepressant properties have prevented suicides; its awakening effects have prevented nighttime driving accidents. It has drawn little in the way of official or, with the exception of the Mormons, religious opposition. Caffeine is kosher. Coca-Cola ads aimed at Israel's Orthodox community simply replace scantily clad models with nice boys in side curls. Protestants have long approved of caffeinated beverages as benign alternatives to alcohol. Buddhists have relied on tea to ward off the "the devil of sleep." Catholic priests have sipped tea to get through all-night marathons in the confessional. Caffeine cuts across all social classes, provides employment for tens of millions of people, and is popular with elites. Ninety percent of Dutch parliamentarians drink coffee, half of them five or more cups a day. No chance of a ban there.⁴

Alcohol is a very different matter. In 1958 Maurice Seevers published addiction liability ratings for different drugs in a standard pharmacology textbook. He assigned points for their ability to produce tolerance, emotional dependence, physical dependence, physical deterioration, antisocial behavior during administration, and the same during withdrawal. The maximum score was 24, or 4 points in each category. The highest actual score was for alcohol, at 21 points. Barbiturates earned 18 points; heroin 16; cocaine 14; marijuana 8; and peyote 1. A glance at these numbers shows that the degree of danger was conspicuously out of sync with the prevailing regulations. Alcohol, Seevers's worst drug, was among the most available. Lawrence Kolb, the leading U.S. expert on narcotic addiction, made a similar point in the privacy of a 1957 letter. "Marihuana intoxication is less dangerous than alcoholic intoxication," he wrote. "[It] is a mixture of pleasant and fantastic symptoms likely to lead to reverie and contemplation rather than to the fury, irresponsibility, and foolish activity so commonly associated with alcoholic intoxication."⁵

Tobacco's easy availability also defies straightforward medical explanation. While not intoxicating in the same sense as alcohol, tobacco's use has long been recognized as addictive and unhealthful. Well before the lung-cancer

research, critics blamed it for enslaving users, heightening mortality, impairing vision, corrupting youth, and encouraging intemperance. Had Seevers applied his criteria to nicotine—and it is interesting that, in 1958, he did not—it undoubtedly would have merited a 14 or 15 on his addiction liability scale, about the same as cocaine. Caffeine would have scored 4 or 5.

However measured, the dangers of licit drugs have prompted endless charges of hypocrisy and irrationality. An entire genre of drug literature, of which Edward Brecher's *Licit and Illicit Drugs* (1972) is the progenitor, assesses the relative harms of different drugs and then professes dismay at their misalignment with policy. Alcohol and tobacco are exhibits A and B.⁶

Drug Realpolitik

The campaigns against alcohol and narcotics that quickened in the late nineteenth century were rhetorically very similar. The charges leveled at the one—racial poison, moral corrosive, pauperizer—were leveled at the other. Alcohol, as Norman Kerr put it, was a “narcotic poison.” Yet it outlived all attempts at national prohibition. It was never a serious candidate for global regulation. Until recently, few described or treated it as a “drug.”

The most obvious reason for alcohol's privileged status was the industry's size and fiscal importance in the western nations that dominated the world's economic and diplomatic affairs. Counting all the producers, retailers, shippers, and cork makers, the early twentieth-century French alcohol industry affected the livelihoods of 4.5 to 5 million people, or roughly 13 percent of the French population. At the same time, alcohol taxes—then yielding the Russians, for example, an amount equivalent to their entire military budget—remained a bedrock of western finance. The same was true for many colonial governments in Africa and Asia. Alcohol taxes were crucial in both the “core” and “peripheral” regions of the modern world system. Opium, by contrast, was gradually declining in importance, at least within the British empire. The India-China opium trade was shrinking in the late nineteenth and early twentieth centuries, simplifying Britain's shift from chief protector of the traffic to advocate of international control.⁷

Proceeds from the alcohol industry supported high culture as well as state bureaucracies. When he died in 1887, the Danish brewing magnate J. C. Jacobsen bequeathed his Old Carlsberg Brewery to a foundation for the promotion of the arts and humanistic and scientific research. The effect was subtly co-optive. To this day most Danes consider beer-drinking (a custom in

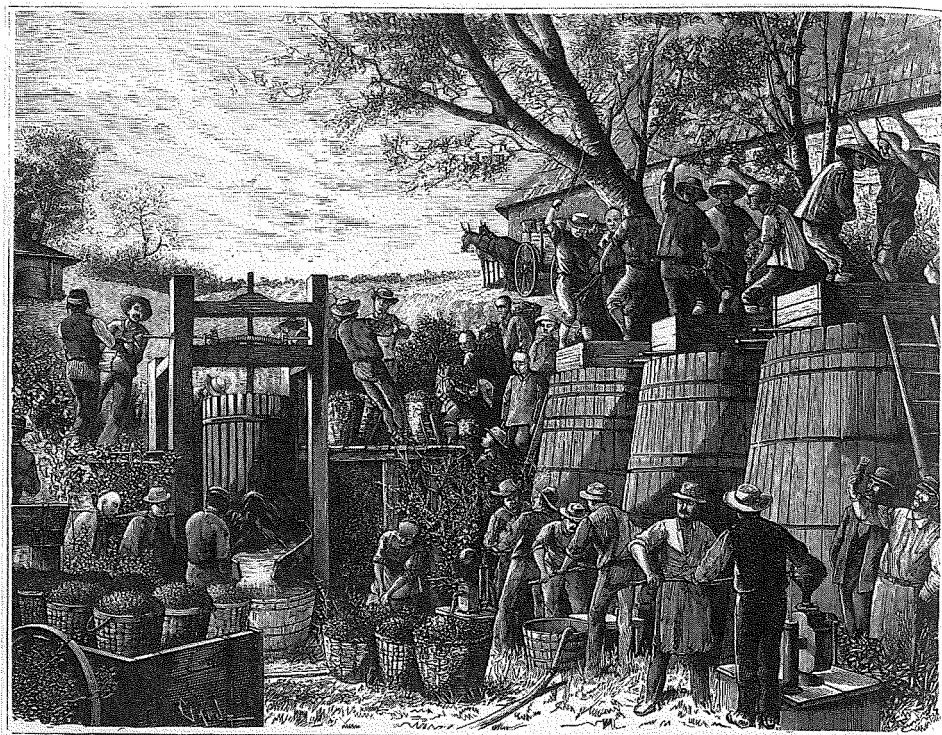
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which they lead all Scandinavian nations) to be a benign, patriotic activity. What's good for Carlsberg is good for Denmark—or at least for its academic and artistic establishments, heavily dependent on the Carlsberg Foundation for funding.⁸

The scale and location of alcohol production were also significant. Viticulture, brewing, and distilling flourished in Europe and throughout much of the non-Islamic world. Narcotic production, by contrast, was more confined. Poor nations and colonies in southern Asia grew most of the opium. Two places, Peru and Java, accounted for most of the coca. A handful of industrial nations manufactured cocaine and morphine. Germany, the most important of these, initially resisted control efforts. Its narcotic manufacturing capacity threatened the entire international regulatory enterprise, first laid out in the 1912 Hague Opium Convention. But then Germany lost World War I. The British and American delegations to the Paris conference insisted that the treaties imposed on the Central Powers include the Hague Opium Convention. Germany and Turkey, another recalcitrant nation, had to agree to export controls, now under the supervision of the League of Nations. Though Hitler took Germany out of the League in 1933, Berlin quietly continued to cooperate with its drug-control authorities. The Nazis consistently, and strictly, opposed illicit trafficking.⁹

The tobacco story closely resembles that of alcohol. The industry's economic impact and breadth of operations conferred a measure of immunity, as did the sheer number of addicted smokers. The cigarette revolution, with all it entailed for expanded consumption, deepened dependency, and heightened profitability, occurred *before* the most damning cancer evidence emerged. Had the U.S. government vigorously attempted to restrict smoking in the wake of the 1964 Surgeon General's report, Richard Kluger observes, the move would have affected upwards of 70 million smokers and 2 million stockholders, farmers, factory workers, retailers, publishers, broadcasters, and others in some measure financially dependent on tobacco. That was hardly a realistic prospect. (Nor would the United States—the tail wagging the world's drug control dog in those years—have acquiesced to international export controls.) As cultivation and consumption spread in developing nations, tobacco's economic stake grew progressively larger. By 1983 world production and distribution provided more than 18 million full-time jobs. Factoring in workers' family members plus part-time and seasonal laborers, something like 100 million people depended on tobacco for their livelihoods.¹⁰

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Viticulture was a far-flung enterprise by the late nineteenth century; workers tended vines on every continent except Antarctica. The California labor force was the most heterogeneous, employing Anglo-American, Native American, Latin American, European, and Asian workers, some of whom are shown here bringing in baskets of grapes and treading them out over red-wood vats. The economic and fiscal importance of viticulture, together with brewing and distilling, made alcoholic beverages more resistant to prohibition efforts than other intoxicating drugs.

Production and revenue on this scale conferred great co-optive power on the multinational tobacco companies. They were not loath to use it, whether through public relations campaigns, subornation of the media, political donations, arts endowments, sports sponsorships, or the purchase of lobbyists, expert witnesses, and lawyers. Philip Morris and R. J. Reynolds even provided 90 percent of the funding for the American Civil Liberties Union's workplace privacy task force, which campaigned, among other things, for employees' smoking rights.¹¹

Pharmaceutical companies also proved adept at lobbying to protect endangered products. In fact, they managed to delay a comprehensive international treaty on psychotropic drugs until 1971, extracting several concessions

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in the process. They had a similar impact on domestic regulations. Lester Grinspoon, a physician and drug historian, explained how the companies worked. While waiting to testify on the therapeutic use of cannabis before the Bureau of Narcotics and Dangerous Drugs (the chief federal enforcement agency from 1968 to 1973 and predecessor of the DEA), he listened in on another administrative hearing. It concerned the fate of pentazocine (Talwin), a Winthrop Pharmaceuticals product for which there was considerable evidence of addiction, overdose, and abuse:

Six lawyers from the drug company, briefcases in hand, came forward to prevent the classification of pentazocine or at least to ensure that it was placed in one of the less restrictive schedules. They succeeded in part; it became a Schedule IV drug. In the testimony on cannabis, the next drug to be considered, there was no evidence of overdose deaths or addiction—simply many witnesses, both patients and physicians, who testified to its medical utility. The government refused to transfer it [from Schedule I, the most restrictive] to Schedule II. Might the outcome have been different if a large drug company with enormous financial resources had a commercial interest in cannabis?¹²

Cannabis as drug—or, more precisely, as folk and countercultural drug—never had the international corporate backing or fiscal influence that alcohol and tobacco enjoyed. This fact, along with its officially described links to crime and deviance (and, more recently, its status as a culture-war football), made it highly vulnerable to prohibitive pressure.

Follow the Leaders

The more liberal treatment of alcohol and tobacco also reflects the personal habits of influential leaders and celebrities. Historically, these have often worked to undermine drug strictures. It was Peter the Great, tutored abroad in the ways of smoking, who rescinded the Russian ban on tobacco. The snuff-taking Pope Benedict XIII performed similar offices for the Church. (The Vatican opened its own tobacco factory in 1790.) Leaders' vices had a way of becoming the official vices, the devil's corollary of *cujus regio, ejus religio*. If not legally sanctioned, they were at least more likely to be tolerated. The Chinese campaign against opium, for example, made less progress in areas where key officials themselves indulged.¹³

The personal use of alcohol and tobacco, as well as caffeine, was extremely widespread among western politicians in the first half of the twentieth cen-

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Resistance, American style: lynching the Prohibition bluenose. The cartoon correctly predicts the demise of Prohibition as a result of the 1932 election.

tury. Picture Churchill, Roosevelt, and Stalin seated together at Yalta: hardly a crew to do battle against alcohol and tobacco. Harry Anslinger, who smoked and drank Jack Daniels ("cheers you up on a bad day"), ended up with a cane and an oxygen tank. The professional classes were hardly more abstemious, particularly with respect to tobacco. So long as ministers, teach-

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ers, businessmen, captains of industry, and socialites promoted smoking by their example, Harvey Wiley complained, "the habit will not be regarded as a moral obliquity."¹⁴

As for doctors, they had trouble seeing the lantern-slide images through the clouds of smoke at their meetings. Richard Doll was a pioneer of lung cancer epidemiology. He observed that, if anything, there was less concern about the health effects of cigarettes when he began his researches in 1948 than there had been a half-century before. Heavy smoking had dulled the collective sense of danger, both within and outside of the profession. (Asked if he were surprised by his own findings, Doll replied "very.") If exemplars like physicians were smoking, remarks the historian John Burnham, how could the public take seriously claims that the habit was harmful?

Burnham calls attention to another important trend, the use of alcohol and tobacco by celebrities. The decanter and cigarette were ubiquitous props in Hollywood films, which rarely depicted other forms of drug use. The first all-talking movie, *Lights of New York* (1928) was about bootlegging. By 1930 four-fifths of all American films depicted at least some drinking. (I have found no comparable estimate for the European cinema, though alcohol and tobacco were hardly absent from the works of René Clair, Jean Renoir, and their contemporaries.) One M-G-M director, Clarence Brown, remarked that the movies, by showing the immense role liquor played in American life despite Prohibition, helped change public opinion on the question. At a minimum, movie stars' smoking and drinking valorized tobacco and alcohol use, undermining Victorian scruples and allaying doubts about their healthfulness.¹⁵

Popular Resistance: The Case of the Soviet Union

Elite conduct, in short, reinforced and perpetuated the alcohol/tobacco double standard for most of the twentieth century. But what happened when elite practice and ideology ran against, rather than with, the grain of popular custom? The Soviet experience with alcohol control provides an excellent example—actually, two—of how popular resistance can frustrate official attempts to limit consumption even in a command economy.

When the Bolsheviks came to power in 1917, they attempted to close wine and spirits factories and forbade the manufacture and sale of beverage alcohol. "We shall never go back to vodka," boasted Nikolai Semashko, commissar for health, who envisioned prohibition on American lines. Drunkenness, like the state itself, would wither away. In 1923 Leon Trotsky declared that the

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Bolshevik ban on vodka was one of the “two big facts” that had “set a new stamp on working-class life,” the other being the eight-hour day.

By the late 1920s the government had ended prohibition and restored the *monopol'ka*, or state liquor outlet. Prisons, police, and threats of execution had all failed to overcome the Russian thirst for liquor. Partly it was a matter of cultural inertia. Drinking, especially binge drinking, was entrenched in all classes and both sexes to a degree unmatched in Europe. Partly it was a matter of survival. Peasants, desperate for income, diverted their harvests to making *samogon* (home brew). And partly it was a matter of revenue. Better to finance socialism through the vodka monopoly, Nikolai Bukharin reasoned, than drown in an ocean of *samogon*. In September 1930 Stalin ordered officials to “aim openly and directly for the maximum output.” They did. By 1940 more shops in the Soviet Union sold drink than sold meat, fruit, and vegetables.¹⁶

And so alcoholism and public drunkenness became as much facts of life under the Communists as they had been under the Romanovs. Alcohol consumption, including both state-produced beverages and *samogon*, increased 4.4 percent per year during the postwar era. Per capita consumption of absolute alcohol quadrupled between the 1940s and the early 1980s, by which time upwards of 15 percent of the population were alcoholics. The government covered up these trends, dropping vodka production from its statistical yearbook in 1963. It neglected, however, to omit the consumption of sugar, the preferred base ingredient for *samogon*. Annual per capita consumption rose from under 62 pounds in 1960 to over 94 in 1979. Most of the increase went into stills.

Under Leonid Brezhnev, the Soviet Union effectively became a government of drunks, by drunks, and for drunks. Politicians and diplomats were afraid to drink with the premier, whose capacity for vodka was legendary. The one man who could match him, Konstantin Chernenko, died of cirrhosis of the liver. Once Brezhnev was driving back from the Zavidovo hunting lodge, Andrei Gromyko at his side. Gromyko was complaining that drunkenness had reached a catastrophic level; it was affecting every aspect of Soviet life. Brezhnev patiently listened to Gromyko's arguments, then abruptly said, “But you know, Andrei, a Russian cannot do without it . . .” Gromyko immediately dropped the subject.

But he had been right to raise it. Drunkenness was by then a society-wide calamity, increasing premature mortality, divorce, mental retardation, road deaths, industrial accidents, crime, and accidental fires. Ground crews

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drained the de-icing fluid from military aircraft, distilled it, drank the alcohol, and replaced it with water to disguise the theft. Pilots who had to use their de-icing tanks at high altitudes were in serious trouble. Researchers estimated that an alcoholic worker was 36 percent less efficient than an abstemious one, a figure equivalent to 93 lost workdays a year. Miniaturization and computerization worsened the problem. Drunk and hung-over workers could not make or maintain complex electronic systems. In 1985 a group of scientists added up the social costs of alcoholism and came up with an annual figure of 180 billion rubles, about four times the sum derived from the sale of drink.¹⁷

The reform-minded Mikhail Gorbachev was a moderate drinker. He was advised and influenced by people (not least his wife, Raisa) who thought alcoholism a national curse. In 1985 the government launched a campaign aimed at progressively restricting the supply of alcohol: less production, diminished hours, fewer retail outlets. The city of Chelyabinsk went from 150 wine shops to only 4 in just two years. Officials ordered vineyards destroyed, liquor factories closed. Crime, absenteeism, and accidents decreased. Total per capita consumption, including bootlegging, fell nearly one-quarter, an unprecedented decline.

Yet by 1988 the campaign was dead. The restrictions had produced long lines—the average Muscovite was spending 90 hours a year waiting to buy liquor—as well as widespread bootlegging and poisoning. Those who drank lacquer polish turned a violet hue. Some 11,000 died of methanol and related poisonings in 1987, a figure nearly equal to Soviet deaths in the Afghanistan War. *Samogon*, which accounted for perhaps a third of total consumption before 1985, now accounted for two-thirds. Gorbachev's policies prompted growing criticism, freely voiced in the era of *glasnost*. "I personally think the measures are too much," complained Vladimir Yamnikov, manager of the giant Kristall distillery. "Nature is against emptiness."¹⁸

A few Soviet officials still championed the cause. Yegor Ligachev, an ardent dry, thought abandoning the restrictions and reverting to a high-tax policy—by 1989 the state was taking in more than it had in 1984—was tragic and immoral. He likened the surge in licit liquor consumption after 1988 to a "slow Chernobyl." Gorbachev, derided as the "Mineral Water Secretary," also defended the campaign, though he admitted to errors in its implementation. One problem was ambiguity. Neither the political leadership nor the new national temperance society ever decided whether abstinence or moderate drinking was the correct line. Though such equivocation was hardly with-

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Resistance, Russian style: “Bring back the good old Brezhnev days!” The translation obscures a pun: *prezhnie vremena* (“good old times”) has become *Brezhnie vremena*. The motto on the flag is “vodka.” 1989 poster by D. Oboznenko.

out precedent in Russian history—Nicholas II’s finance ministry had used monopoly profits to finance both distilleries and temperance societies—it had the fatal result of allowing local bureaucrats to set their own agendas. Some imposed the new regime too enthusiastically. Others ignored the cen-

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tral directives, content to mind the still in the party headquarters' basement. Charges of hypocrisy dogged the campaign.

So did a sense of unfairness. Millions of ordinary citizens drank to combat the boredom and sterility of life in a communist state. Their masters wanted them to stay sober and work harder, but for whose benefit? The stores were bare of consumer goods. The promised sports and cultural amenities had not appeared. Life was bleak. Honest, sober labor to enrich those who were neither was a form of slavery, as one worker put it. "Who needs socialism without beer?" jeered another.¹⁹

Or who needed a bankrupt, *Mafiya*-riddled republic? Boris Yeltsin's government, chronically short of revenue, continued the high-tax policy of the last Gorbachev years. Bootlegging flourished, though for the traditional tax-avoidance motive. Resurgent consumption, binge drinking, and widespread alcohol poisoning, combined with heavy smoking, drastically affected Russian mortality. Male life expectancy, which had been increasing during the dry era, declined more than six years between 1990 and 1994. Yet neither the mounting casualties nor the publicity surrounding them deterred Russian drinking. "Many citizens," summed up one psychologist, "consider alcohol use a cultural characteristic of the Slavic people bordering on a birthright."²⁰

What happened in the Soviet Union was the collision of a seemingly irresistible historical force, rationalization, with a seemingly immovable object, Russian drinking. The object won, showing that a pattern of drug use can become so entrenched in a culture that it is impossible to permanently suppress and delegitimize it. A clue to this is the near-absence of minority scapegoats in the mid-1980s anti-alcohol campaign. Although a few pointed accusing fingers at Jews for "alcoholizing" Soviet society, the dries lacked the credible equivalent of drunken immigrants or Chinese opium smokers. The socially, ethnically, and ideologically privileged class, male Slavic workers, was the one most given to intoxication.

Illicit Drugs: The Politics of De-escalation

The opposite is true of the users of cannabis, cocaine, and other illicit drugs. They make for politically softer—indeed, attractive—targets. Despite the vogue among some affluent youth in the mid-1960s through early 1980s, illicit drug use remains concentrated among street children, dropouts, petty criminals, prostitutes, the jobless, and other socially marginal groups. Half of Pakistan's heroin addicts come from the poorest 20 percent of the population. Ninety percent of Bombay's ragpickers are reportedly addicted to "brown

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sugar.” Most Chinese heroin addicts are male, young, single, and poorly educated. About half are unemployed when they enter treatment.²¹

Addicts to heroin and other illicit drugs are caught in a social trap. They tend to stay unemployed because employers, reasonably, want nothing to do with them. An interview with a 31-year-old heroin addict, who worked for the federal government in the bygone days of the IBM Selectric typewriter, shows why:

I working for the Department of Energy, in all kind of big old government buildings. My ID get me through the door so I just flash my ID on the guard. Walk past him and usually the door be open in the building. . . . I know a guy that buys IBM typewriters. The ball that goes around. You don't have to steal the whole typewriter. You just gotta be patient and get them balls. . . . Take fifty of them and the dude gives you four dollars a ball. So that's fifty times four, that two hundred dollars.

And 1,300 dollars for the government to replace them. Theft, accidents, and legal liability give employers every incentive to avoid illicit drug users, and urine tests give them the means of their detection. Those who fail or avoid the tests stay jobless and poor, and in their desperation keep using drugs—or trafficking in them. Lower-class users have long been the mainstays of illicit retail sales, with plenty of assistance from nonusing sociopaths. (“Wrong? What’s wrong? . . . I ain’t using the shit, I just sell drugs.”) This fact, paradoxically, both strengthens the consensus for prohibition and makes it practically impossible to accomplish. For every peddler or body-packer arrested, there are several desperate or greedy enough to take his place. The prisons silt up. Taxes increase. DEA agents tape pictures of Pancho Villa above their cubicles and soldier on.²²

The inconsistency, expense, violence, corruption, adulteration, accidental overdoses, and needle-transmitted infections attendant to an illicit drug policy have created an ongoing controversy, spawning referenda, polemics, and polls from Bolivia to Switzerland. The controversy has been most intense in the United States, site of history’s costliest drug war. Though officially declared in 1986, the origins of the American drug war date to the mid-1970s, when methadone maintenance and other therapeutic priorities of the Nixon administration fell into disfavor. Beginning with Nelson A. Rockefeller, who was maneuvering for a thrice-denied Republican presidential nomination, American politicians discovered that angry, anxious voters preferred get-tough measures like long minimum sentences—and that they were willing to

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foot the bill. By the mid-1990s, however, the drug war was consuming upwards of 35 billion dollars a year. That sum equaled more than two-thirds the volume of illicit sales, then running about 50 billion dollars a year. Four hundred thousand persons were in prison or jail on drug charges. Yet heroin and cocaine remained cheap and available. Doubts about the wisdom and justice of such a campaign inevitably provoked a backlash.²³

The most extreme form of the backlash has been the call for legalization. A form of reactionary libertarianism, combining elements of left- and right-wing ideology, legalization would reset the policy clock by more than a hundred years. Heroin, cannabis, and other prohibited drugs would be legally available to adult purchasers, just as laudanum, patent medicines, and coca wines were in the nineteenth century. Fears that adult access, however restricted, would lead to excessive addiction and diversion have so far stymied the proposal, both in the United States and elsewhere. One 1997 survey, taken in Vienna, showed only 6 percent in favor of legalization, 84 percent opposed.²⁴

The less extreme form of the backlash has been the advocacy of harm reduction. Often attacked as a haven and stalking horse for legalizers, the harm-reduction movement is in fact historically antecedent to the modern legalization campaign. Rooted in the marijuana and methadone wars of the 1970s, it draws its adherents and ideas from many sources. Advocates differ over particular issues, such as the cost-effectiveness of heroin maintenance, but share certain common tendencies. They stress demand reduction over supply reduction. They urge the depoliticization of drug abuse and the substitution of treatment programs for criminal sanctions, which are considered inappropriate and unduly expensive. They favor sterile injection equipment for those who will not remain abstinent, and indefinite methadone maintenance. (No more missing typewriter balls.) They are resolutely non-judgmental, skeptical of absolute prohibitions, and tolerant of medical prescription and decriminalization experiments. They would reschedule cannabis and perhaps other drugs from the top restrictive categories.

The harm-reduction agenda has provoked only slightly less controversy than legalization. Conservatives who believe that scriptural injunctions and moral outrage are sufficient grounds for prohibitory legislation reject it out of hand. "Knowledge that an activity is taking place," as Robert Bork put it, "is a harm to those who find it profoundly immoral." These feelings are not confined to zealots. Certain practices—Michael Massing offers the example of handing sterile needles to a visibly pregnant woman, no questions asked—

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might give pause to anyone. Harm reduction saves lives, but it is also a moral eyesore.²⁵

And thus it is politically vulnerable. Mainstream politicians have been quick to make common cause with moral and religious conservatives on drug policy. The harder the line, the better. "Drug education and treatment have gained a name as a wimp activity," Representative John Conyers explained. "If you favor these things, you're a softy. When these proposals come up in Congress, most members want to know, before they vote, which one is the toughest. It's sort of, 'I don't know if this is going to work, but nobody is going to blame me for not being tough.'" One South Australian politician dramatically cast his tie-breaking vote in favor of a marijuana decriminalization bill, only to be greeted with cries of "Shame! Shame!" George Soros, the international financier who has spent millions trying to steer drug policy in the direction of harm reduction, admits that few politicians have dared to stand up. "If they touch the issue, it's like touching a third rail."²⁶

Much of the electricity in the third rail is supplied by middle-class parents, politically important constituents who are concerned with the danger to their children posed by cannabis and other illicit drugs. Drug prohibitions may produce heavy social costs, but they do so only in the aggregate. The heaviest burdens fall on poor communities where the users, dealers, and police street sweeps are concentrated. Affluent and suburban voters see aggressive enforcement as protecting their own families. In supporting firm sanctions against trafficking and use they consider themselves to be acquiring a kind of insurance, the costs of which are absorbed by people who shouldn't be behaving like that anyway.²⁷

Not all opposition to harm reduction is the product of resentment, political calculation, and class interest. Secular hawks, drug-abuse experts like Robert DuPont, have challenged harm reduction on its own public-health grounds. Decriminalization and needle exchange send the wrong signals to young people, they claim, heightening the chances of experimental use. Cannabis is still a dangerous gateway drug, and a harder drug than its apologists concede. Heroin and cocaine are highly seductive, difficult to control, and likely to lead to addiction. De-escalation of the war against these chemical enemies is tantamount to surrender.²⁸

Against this formidable opposition, harm-reduction advocates have one big weapon: AIDS. Intravenous users, fearful of detection and short of cash, share injection equipment and drugs. In Vietnam they gather in slum rooms

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without running water or sanitary facilities, where a dealer mixes opium or heroin solution in a communal pot. Using the same needle and syringe, he injects up to 50 customers from a single batch, with no cleaning in between. Drug injectors made up 70 percent of Vietnam's officially diagnosed HIV cases in 1997. Shooting-gallery conditions and HIV rates were not much different in Malaysia, Myanmar, and the southwest Chinese provinces.

Recognition that intravenous drug use was a prolific source of HIV infection galvanized public health officials around the world. Robert Haemmig, a Bern physician, noted that although the Swiss had geared treatment toward abstinence in the early 1980s, the lethality of AIDS forced them to rethink the policy. People shooting drugs might very well quit in the future, but there would not be much of a future if they contracted HIV. Getting them out of the public toilets and into more hygienic surroundings was imperative, both for their own health and to prevent the spread of HIV to the general population. By 1990 sterile needles and syringes were widely available, not only in Switzerland but in Britain, Canada, Denmark, Germany, Italy, Holland, and Norway. They were available on a more limited basis in France, Spain, and Sweden. Among the western industrial nations only the United States, its drug policy hostage to its culture war, officially barred such practices. Harm-reduction guerillas carried them out anyway.²⁹

Licit Drugs: The Politics of Escalation

If schemes to de-escalate the war on illicit drugs have caused controversy, so have efforts to escalate it against licit drugs. This is the other side of the great policy debate of the last three decades. Many public health authorities and drug-abuse experts have argued that the government should increase the regulatory burden on alcohol and tobacco. Consumption of these "underscheduled" drugs is bad for the collective health and conducive to other forms of drug abuse. (Children's unrestricted access to caffeine has also begun to draw scrutiny.) Officials, in this view, should recognize tobacco and alcohol for what science shows them to be, dangerous psychoactive drugs. They should adjust their positions on the axes of policy—regulation, taxes, and penalties—to better reflect actual risk and social costs. Ban ads. Run counter-ads. Raise excises. Lower the legal blood alcohol content for drivers. Fund more treatment. Reduce alcohol consumption. Engineer a smoke-free future.

Proposals of this sort are incompatible with the libertarian strain of legalization. They are not, however, incompatible with harm reduction. In fact,

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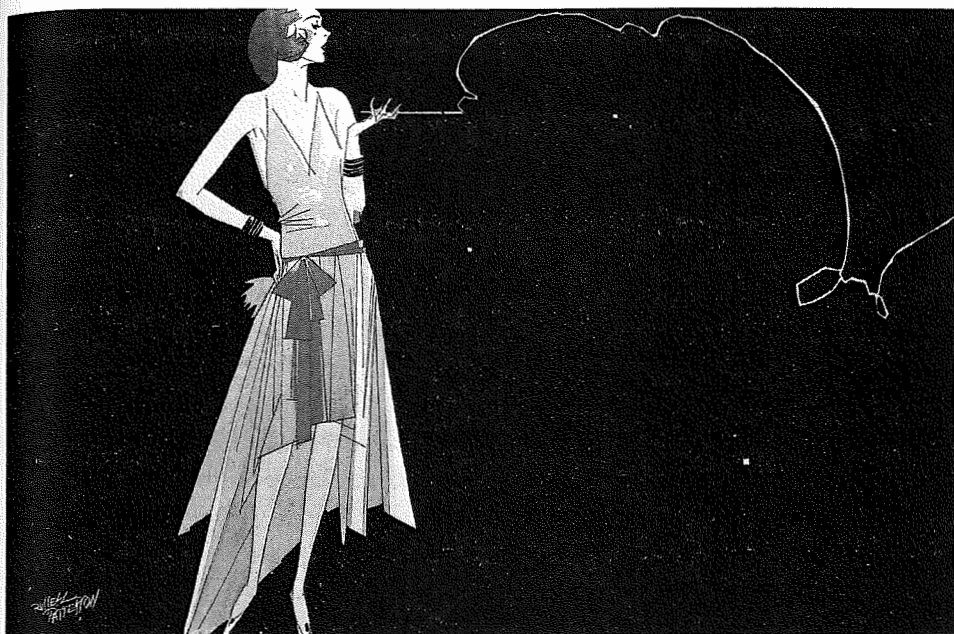
many harm-reducers have called for intensified efforts against licit drugs. In the lingo of drug policy, they are “owls,” as opposed to criminalizing “hawks” and legalizing “doves.” The owls seek a convergent public health policy, one that treats licit and illicit drugs more evenhandedly: no more convenience-store signs declaring “this is a drug-free workplace.” Owls believe that a policy of convergence, adjusted for local conditions and priorities, offers the most sensible approach to managing what has plainly become an intractable social problem.

That does not mean it will happen. The inertial forces—too often discounted by public-health rationalists, impatient like all children of the Enlightenment—are very strong. Of late, however, the reformers have had some luck with tobacco: ad bans and restrictions, tax increases, multi-billion-dollar legal settlements, and a string of embarrassing disclosures about industry dissimulation. The World Bank, which loaned 1.5 billion dollars for tobacco development projects between 1974 and 1988, has reversed course and no longer invests in tobacco production. Smoke-free environments have gone global. At the insistence of nonsmokers, the Tupac Amaru hostages, seized in Lima in December 1996, sorted themselves into smoking and nonsmoking sections. “The Japanese really smoked a lot,” one remembered, “but they were all in a room together so it was not so bad.” Desk-bound Americans lack their own room for smoking. They puff away in the wintry out-of-doors, consigned to localized Siberian exile.³⁰

The tobacco siege is very much a reversal of fortune. In the first half of the twentieth century alcohol, not tobacco, was the most controversial licit drug. Alcoholics Anonymous, founded in 1935 as a fellowship for the rescue and renewal of alcoholics, simply disregarded smoking. Its co-founders, Bill Wilson and Dr. Bob Smith, both smoked heavily and died of cigarette-related illnesses. As late as 1955 one physician—of all things, a Park Avenue pediatrician—protested that there were “no scientific grounds for believing smoking harmful. All I can say is, if I had a spare \$2,000 kicking around, I would still invest it in cigarette stock.” No more. Epidemiological and scientific evidence has established beyond any reasonable doubt that smoking is the most widespread and lethal form of addiction in the world. No precautions can eliminate the danger. Cigarettes, as the trial lawyers say, are deadly hazards when used as intended.³¹

Alcohol presents a more complicated picture. Compared with tobacco, it has several liabilities: intoxication, slurred speech, lost balance, impaired visual acuity. Worry if your airline pilot has been drinking, Thomas Schelling

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By the 1920s and 1930s cigarette smoking, sexy, slinky, and the height of fashion, was catching on with growing numbers of middle-class men and women. Late in the century the process reversed itself, as cigarette smoking became increasingly *déclassé* in health-conscious western societies. Drawing by Russell Patterson, sometime in the 1920s.

observes, not if he has been smoking.³² Alcohol as a drug of the many, as opposed to alcoholism as a chronic disease of the few, has attracted increasing scientific scrutiny since 1975. Renewed concerns about drinking's social harms, such as car crashes, have fueled a "new temperance movement"—a more narrowly secular enterprise than its nineteenth-century predecessor, which tended to conflate salvation and rationalization. Yet, despite these developments, alcohol is less vulnerable to regulatory escalation than tobacco. It will likely remain so in western societies in the near future.

One reason is that *moderate* drinking, such as a glass of wine with a daily meal, may lower the risk of coronary heart disease. It may also give protection against stroke, adult-onset diabetes, osteoporosis, and rheumatoid arthritis, among other illnesses. Whether it is the beverage itself or the healthy lifestyle of the moderate drinker that confers these benefits is not clear. What is clear is that many people can drink moderately with little fear of serious health consequences. The same cannot be said of smoking—a key distinction in aging western societies grown increasingly health-conscious and risk-averse.³³

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Humanity also has long experience of alcohol, and has evolved all manner of rules and taboos to reduce the harmfulness of drinking. Civilized men drink diluted wine. Don't drink on an empty stomach. Some cultures, such as the Italian and Jewish, have been conspicuously successful in integrating drinking in salubrious ways into everyday life and ritual. (Others, such as the Russian, have been conspicuously unsuccessful.) Cultural norms can likewise mitigate some of tobacco's harms. Don't smoke in bed. Don't smoke if it annoys others. Yet it now appears that tobacco is so intrinsically toxic as to defy safe integration. Even Philip Morris publicly admitted as much about cigarettes in 1999.³⁴

Tobacco, finally, is becoming a losers' drug. Alcohol continues to be broadly popular outside the Islamic world, particularly in western Europe, where three-quarters of the adults drink. Smoking, however, has visibly declined among the educated classes in the United States, Britain, and other western countries. It persists as a "culturally normal activity"—as the historian Virginia Berridge puts it—mainly among the poorest elements of society, those most resistant to public health sanctions and appeals. Lower-class concentration has increased the political vulnerability of tobacco, much as it did for narcotics a century ago.³⁵

Convergence, then, seems to be a more realistic prospect for tobacco than for alcohol. The days of prescription sale may not be far off. But this should be taken only as a summation of current trends, not a prediction. Technological change has a way of reshuffling the drug-policy deck. The development of safer nicotine-delivery devices would alter the situation, just as a vaccine for AIDS might take the steam out of harm reduction.

One thing, however, is not likely to change. It is the political awareness of the dangers of exposing people to psychoactive substances for which, it is increasingly clear, they lack evolutionary preparation. Psychoactive technology, like military technology, has outstripped natural history. The question is what to do about it. The answer, whatever it may be, is not a return to a minimally regulated drug market. The movement toward restrictive categorization was fundamentally progressive in nature. Like most reforms, it was partly motivated by self-interest, tainted by prejudice, and imperfect in its execution. But its basic premise was both correct and humane. The drive to maximize profit—individual, corporate, and state—underlay the explosive global increase in drug use. Checking the increase meant restricting commerce and profits, which meant regulatory laws and treaties. The task now is to ad-

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just the system, eliminating its worst concomitants and plugging its most conspicuous gaps.

Plugging those gaps will not be easy, particularly in consumer societies. Pleasure is to consumerism what winning is to sports: an imperative pursued by all means short of cheating with certain chemicals. Even if policymakers (or athletic governing bodies) succeed in scheduling drugs more rationally, they cannot avoid the fundamental contradiction. The emergent global capitalist system—McWorld—depends heavily on the commercial exploitation of innate drives, such as sex or the taste for sweet and fatty foods. Its products are often dangerous, yet individuals are free to ignore, assume, or work around the risks. Advertisers systematically encourage them to do so for the sake of transient pleasures. The very essence of modern culture, as Daniel Bell remarked, is that of sovereign individuals “ransacking the world storehouse,” casting aside traditional restraints in pursuit of self-fulfillment.³⁶ So why should certain drugs be off limits? Be happy and partake, except of the forbidden fruit, has always been a hard message to swallow. Genesis tells us that Adam and Eve could not abide by it in the old Eden. It is hard to imagine that our prospects are much better in today’s new one.